

Safe Environment Team Enrollment Form

Thank you for forming a Safe Environment Team in your parish, school, and/or ministry site. Please complete the form below and return to the Director of the Program for Child and Youth Protection **on or before Friday, October 31st, 2003**. For further information, contact the Director of the Program for Protection of Children and Young People

Parish Name: _____
Parish City: _____
Pastor: _____
Phone Number: _____
E-mail: _____

If this Safe Environment Team is intended to serve **additional ministry sites**, please list those sites below:

Site Name: _____ Site City: _____ Phone #: _____
Site Name: _____ Site City: _____ Phone #: _____
Site Name: _____ Site City: _____ Phone #: _____

Safe Environment Team Membership (use additional pages if necessary)

Lead Contact for Safe Environment Team

Name: _____
Address: _____ City: _____ ZIP: _____
Phone: _____ E-mail: _____
Employee/volunteer: _____ Title or role: _____
Ministry Site (if other than primary site): _____

Members of the Safe Environment Team

Name: _____
Address: _____ City: _____ ZIP: _____
Phone: _____ E-mail: _____
Employee/volunteer: _____ Title or role: _____
Ministry Site (if other than primary site): _____

Name: _____
Address: _____ City: _____ ZIP: _____
Phone: _____ E-mail: _____
Employee/volunteer: _____ Title or role: _____
Ministry Site (if other than primary site): _____

Name: _____
Address: _____ City: _____ ZIP: _____
Phone: _____ E-mail: _____
Employee/volunteer: _____ Title or role: _____
Ministry Site (if other than primary site): _____